#### oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CONIDI, FRANCIS XMD

MGR

Electronic Signature of Signing Authorized Person(s) Detail

# 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106839

Entity Name: JC MEDICAL CONDO ASSOCIATION LLC

## **Current Principal Place of Business:**

10377 S US HIGHWAY 1 104 PORT SAINT LUCIE, FL 34952

## **Current Mailing Address:**

10377 S US HIGHWAY 1 104 PORT SAINT LUCIE, FL 34952

#### FEI Number: 20-5852094

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CONIDI, FRANCIS XPRES 10377 S. US HIGHWAY 1 104 PORT SAINT LUCIE, FL 34952 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

#### thorized Person(s) Detail . 1

City-State-Zip: STUART FL 34994

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	CONIDI, FRANCIS XMD	Name	WALKER, ANDREW MD
Address	1288 NE OCEAN BLVD	Address	1615 NW FEDERAL HIGHWAY
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34994
Title	MGR		
Name	GALLANT, ANDREW MD		
Address	1615 NW FEDERAL HIGHWAY		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

FILED Apr 18, 2013 Secretary of State CC2224565364

Certificate of Status Desired: No

04/18/2013 Date

Date